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**Date:** November 23, 2004                    **No. of Pages:** 12

**TO:**    **COMPANY:** USPTO

**FAX:** 703-872-9306

**FROM:** Eric W. Cernyar                    **DEPARTMENT:** Legal

**FAX:** 210 255 6969                          **PHONE:** (210) 863-0063

**RE:** Patent Application No.: 09/432,904  
Filing Date: 11/2/1999  
First Named Inventor: Cesar Z. Lina  
Art Unit: 3764  
Confirmation No.: 1761  
Examiner: DeMille, Danton D.  
Our File No.: PUL.504E.US

**Message:** Dear Sir or Madame:

Enclosed for filing is the following:

Fee Transmittal for FY 2005 (in duplicate for accounting purposes);  
Transmittal Form;  
Amendment and Response to Office Action Dated October 4, 2004

Respectfully submitted,

Eric W. Cernyar  
Reg. No.: 45,919

I:\mfg\Cherie\Fax Cover Sheets\USPTO Fax Cover Sheet Central Fax Response to OA.doc  
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P.O. Box 659508                              Corporate:  
San Antonio, Texas 78265-9508              8023 Vantage Drive  
1-800-531-5369/Fax 210-255-4450           San Antonio, Texas 78230-4726  
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PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 10/01/2004. Patent fees are subject to annual revision.

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**176.00**

## Complete If Known

Application Number	09/432,904
Filing Date	Nov. 2, 1999
First Named Inventor	Cesar Lina
Examiner Name	Danton DeMille
Art Unit	3764
Attorney Docket No.	PUL. 504E.US

## METHOD OF PAYMENT (check all that apply)

 Check     Credit Card     Money Order Deposit Account     NoneDeposit Account Number  
**500-326**Deposit Account Name  
**Kinetic Concepts, Inc.**

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## FEE CALCULATION

## 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$ \_\_\_\_\_

Subtotal (2) \$ \_\_\_\_\_

## 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims    Extra Claims    Fee (\$ )    Fee Paid (\$ )  
 $\frac{- 20 \text{ or HP}}{\text{HP = highest number of total claims paid for, if greater than 20}}$   $\times \frac{\text{Fee ($)}}{\text{Fee ($)}} = \text{Fee Paid ($)}$

Indep. Claims    Extra Claims    Fee (\$ )    Fee Paid (\$ )  
 $\frac{- 3 \text{ or HP}}{\text{HP = highest number of independent claims paid for, if greater than 3}}$   $\times \frac{\text{Fee ($)}}{\text{Fee ($)}} = \text{Fee Paid ($)}$

Multiple Dependent Claims    Fee (\$ )    Fee Paid (\$ )  
 $\frac{\text{Fee ($)}}{\text{Fee ($)}} = \text{Fee Paid ($)}$

Subtotal (2) \$ \_\_\_\_\_

## 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stnt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other:	_____	_____	_____

Subtotal (3) \$ \_\_\_\_\_

## SUBMITTED BY

Signature	<i>Eric W. Canyon</i>	Registration No. (Attorney/Agent)	45919	Telephone	(210)863-0063
Name (Print/Type)	Eric W. Canyon	Date	11-23-04		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/432,804
Filing Date	Nov. 2, 1999
First Named Inventor	Cesar Z. Lina
Art Unit	3764
Examiner Name	DeMille, Denton D.
Attorney Docket Number	PUL-504E.US

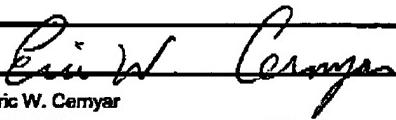
Total Number of Pages in This Submission

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### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

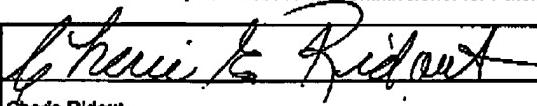
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Eric W. Cemyar		
Date	11-23-2004	Reg. No.	45,919

### CERTIFICATE OF TRANSMISSION/MAILING

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Date 11-23-2004

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